

### What is already known on this topic

A single course of antenatal glucocorticoids reduces neonatal mortality and morbidity after preterm birth and is widely used for the prevention of neonatal respiratory distress syndrome

No studies have adequately looked at psychological functioning and health related quality of life in adulthood after antenatal exposure to glucocorticoids

### What this study adds

Antenatal exposure to betamethasone did not alter psychological functioning or health related quality of life at 31 years of age

Obstetricians should continue to use a single course of antenatal glucocorticoids for the prevention of neonatal respiratory distress syndrome

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1 National Institutes of Health. Effect of corticosteroids for fetal maturation on perinatal outcomes. *NIH Consensus Statement* 1994;12(2):1-24.

2 MacArthur BA, Howie RN, Dezoete JA, Elkins J. School progress and cognitive development of 6-year-old children whose mothers were treated antenatally with betamethasone. *Pediatrics* 1982;70:99-105.

- 3 French NP, Hagan R, Evans SF, Godfrey M, Newnham JP. Repeated antenatal corticosteroids: size at birth and subsequent development. *Am J Obstet Gynecol* 1999;180:114-21.
- 4 French NP, Hagan R, Evans SF, Mullan A, Newnham JP. Repeated antenatal corticosteroids: effects on cerebral palsy and childhood behavior. *Am J Obstet Gynecol* 2004;190:588-95.
- 5 Yeh TF, Lin YJ, Lin HC, Huang CC, Hsieh WS, Lin CH, et al. Outcomes at school age after postnatal dexamethasone therapy for lung disease of prematurity. *N Engl J Med* 2004;350:1304-13.
- 6 Dessens AB, Haas HS, Koppe JG. Twenty-year follow-up of antenatal corticosteroid treatment. *Pediatrics* 2000;105:E77.
- 7 Doyle LW, Ford GW, Rickards AL, Kelly EA, Davis NM, Callanan C, et al. Antenatal corticosteroids and outcome at 14 years of age in children with birth weight less than 1501 grams. *Pediatrics* 2000;106:E2.
- 8 Liggins GC, Howie RN. A controlled trial of antepartum glucocorticoid treatment for prevention of the respiratory distress syndrome in premature infants. *Pediatrics* 1972;50:515-25.
- 9 Dalziel SR, Walker NK, Parag V, Mantell CH, Rea HH, Rodgers A, et al. Cardiovascular risk factors after exposure to antenatal betamethasone: 30-year follow-up of a randomised controlled trial. *Lancet* 2005;365:1856-62.
- 10 Wechsler D. *Wechsler abbreviated scale of intelligence*. San Antonio, TX: Psychological Corporation, 1999.
- 11 Sivan AB. *Benton visual retention test*. 5th ed. San Antonio, TX: Psychological Corporation, 1992.
- 12 Gronwall DM. Paced auditory serial-addition task: a measure of recovery from concussion. *Percept Mot Skills* 1977;44:367-73.
- 13 Brown TE. *Brown attention deficit disorder scales*. San Antonio, TX: Psychological Corporation, 1996.
- 14 Beck AT. *Beck depression inventory-II (BDI-II)*. San Antonio, TX: Psychological Corporation, 1996.
- 15 Spielberger CD. *State-trait anxiety inventory (form Y)*. Redwood City, CA: Mind Garden, 1983.
- 16 Claridge G, Brooks P. Schizotypy and hemisphere function: I. Theoretical considerations and the measurement of schizotypy. *Pers Individ Dif* 1984;5:633-48.
- 17 Oldfield RC. The assessment and analysis of handedness: the Edinburgh inventory. *Neuropsychologia* 1971;9:97-113.
- 18 Scott KM, Tobias MI, Sarfati D, Haslett SJ. SF-36 health survey reliability, validity and norms for New Zealand. *Aust N Z J Public Health* 1999;23:401-6.
- 19 Collaborative Group on Antenatal Steroid Therapy. Effects of antenatal dexamethasone administration in the infant: long-term follow-up. *J Pediatr* 1984;104:259-67.
- 20 Castro L, Yolton K, Haberman B, Roberto N, Hansen NI, Ambalavanan N, et al. Bias in reported neurodevelopmental outcomes among extremely low birth weight survivors. *Pediatrics* 2004;114:404-10.
- 21 Tin W, Fritz S, Wariyar U, Hey E. Outcome of very preterm birth: children reviewed with ease at 2 years differ from those followed up with difficulty. *Arch Dis Child Fetal Neonatal Ed* 1998;79:F83-7.

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## The holocaust and medicine—a learning moment

A day after holocaust memorial day, I (UW), as an anatomy instructor, was preparing for a first year students' lesson with a colleague. A question arose, and we looked for the answer in the anatomy textbooks that we had at that time. We were surprised to find a copy of *Pernkopf's Atlas*, with its detailed manner and unique style of illustrations. Shocked and trembling, we came across an illustration of a neck dissection of a shaven headed man which, according to the illustrator's signature, had been drawn in 1943.

In 1933 Eduard Pernkopf, head of the anatomy school of Vienna University, began preparing an anatomical atlas. An ardent Nazi, he became dean in 1938 and president of the university in 1943. Among his first actions as dean was to "purify" the medical school of all Jews by expelling a total of 153 of the 197 faculty members. He also arranged for the bodies of nearly 1400 people executed by the Gestapo, most of them for political reasons, to serve as models for his atlas.

Only the day before finding the atlas, we had heard the story behind its creation during a noon conference we hold annually in our faculty, and for us, finding a textbook with such a history, had additional significance. We felt revolted that students had been using this book for so many years without being aware of its history. The fact that these books were discovered in a medical

school in Israel, coincidentally in the same week as we commemorated the holocaust, enhanced those feelings. An inspection revealed further copies on the faculty's library shelves. There was no reference to their background either inside the books or in the library files.

We have decided to share this learning moment. These books, rather than being destroyed, can be used for educating students, faculty, and public. This will also be an appropriate way to commemorate the many victims used in the atlas's production. It would be appropriate to display the books in public, along with an explanation of the horrific background to their creation. We hope that such an exposure will lead to a further search for other sources with similar histories. Our medical students association, in cooperation with the programme for the study of the holocaust and medicine in the faculty, would like to bring this issue to the attention of medical students in Israel and worldwide. The involvement of medical students in such decisions and activities is of great importance. As future doctors or scientists, we should think of ways to learn from the terrible past.

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